Headquarters U.S. Air Force

Integrity - Service - Excellen ce

Air Force Perspective on JIF & Joint Ventures



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U.S. AIR FORCE



Future of Healthcare Delivery

"With billions of dollars going to DOD and VA for health care, what options are available to reduce spending growth through increased collaboration in, and integration of, health care delivery both within and between those two agencies?"

- David M. Walker, Comptroller General of the U.S., 2008



Overview

- JIF Review Process
- JIF Business Case Analysis
- JIF Interim Progress Report & Review
- Joint Venture Planning



Joint Incentive Fund Process

AF/SG receives JIF call for proposals



Call disseminated to AFMOA/MAJCOM SG's and down to MTFs



MTFs draft proposals w/ VA partner

> We're here to provide support throughout

Proposals meeting scoring threshold forwarded to SGY & AF/SG for funds certification



AF Review Board conducted to score/prioritize submissions



Draft version PLOGESS
VA/DoD Resource
Sharing Office for review and coordination
w/ AFMOA



AF/SG endorses proposals and sends forward to compete for funds



Financial Management Working Group conducts board to score packages and allot funding





Importance of Starting Early

- Don't wait for the call to come out...continually be on the lookout of JIF opportunities and keep a list (i.e. unfunded requirements)
- It WILL save you a lot of time and effort
- Contact VA/DoD Resource Sharing Office early in the process
- Last minute proposals tend not to fair well in scoring process
- Allows times reviewing
- Gives both with the in



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Know the Scoring Criteria

JIF Scoring Criteria	
	Weightin
Factor	g
Improves Quality of Care	20%
Mission Priority Corporate Direction	10%
Improves Access to Care	20%
Return on Investment	10%
Measurable Performance Data Identified	10%
Support VA/DoD Strategic Plan	10%
Size and Scope of Impact	10%
Other Intangible Benefits	10%



Business Case Analysis

Business Case Analysis Example





Post-Selection

- Must begin developing Sharing Agreement as soon you receive funding notification
- Interim Progress Reports (IPR): required quarterly progress reports are conducted using a specific IPR format
- IPR includes updates on progress, performance measures, and execution of funds
- IPR reviews will be conducted until all funds have been executed and the initiative appears on its way to sustainability

Final Report: gives a project overview, performance metrics,

and overall conclusion of initiative's out

exportability, goals achieved)



DODVA-DATAMART





JOINT VENTURE PLANNING



Getting Started

- Joint Ventures can be downward directed or upward channeled proposals
- Downward directed efforts can occur for many reasons; examples include...
 - Concurrent construction projects planned
 - Natural disaster destroys/damages one or both facilities
 - BRAC actions
 - Congressional interest
- Upward channeled proposals require
 - Concept of Operations and MOU approved by both VA and DoD chains of command
 - HEC approval
 - Funding as needed to implement



Getting Started

Section 707 of the NDAA 09, Guidelines for Combined Federal Medical Facilities, states...

"Before a facility may be designated a combined Federal medical facility of the Department of Defense and the Department of Veterans Affairs, the Secretary of Defense and the Secretary of Veterans Affairs shall issue a signed agreement that specifies, at a minimum, a binding operational agreement on the following areas:

- (1) Governance (6) Physical plant management
- (2) Patient priority categories (7) Contingency planning
- (3) Budgeting (8) Quality assurance
- (4) Staffing and training (9) Information technology
- (5) Construction



Joint Venture Requirements

- Mission, Vision, Goals
- Joint Governance Structure
- Joint Committee Structure
- Concept of Operations and MOU
- Written Guidance: Joint Policies, Directives, Handbooks, SOPs
- Informal Structures and Communication
- Continuity of Mission and Vision
- Overcome Reluctance and Barriers
- Identify Factors for Success
- Joint Expectations
- Strategic Planning Process
- Leadership Commitment
- "Branding"



Governance Models

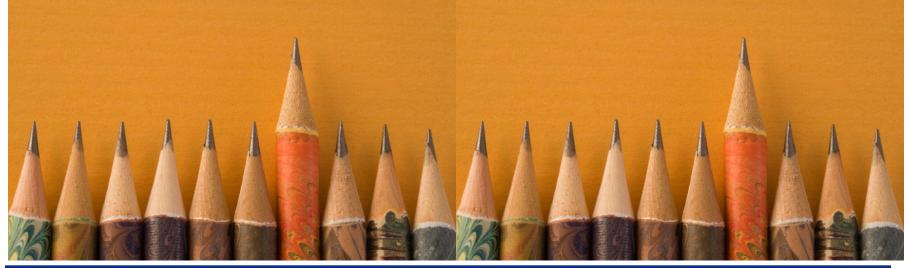
- Many different models...from fully integrated single facility to multiple facilities with shared services and shared risk
- General Assumptions:
 - In most models, Host site is the lead for all integrated functions at that site
 - Some sites have tenant fill #2 leadership position within the integrated functions
 - Usually a Joint Executive/Leadership Committee provides oversight and strategic vision to the JV
 - Subordinate committees relative to joint/integrated functions often organized like Joint Exec Cmte



Governance Models

- Lessons Learned from other JV sites:
 - JVs all addressed need for dedicated JV program managers (both VA and DoD) to work the day-to-day issues
 - Routine communication necessary at all leadership levels

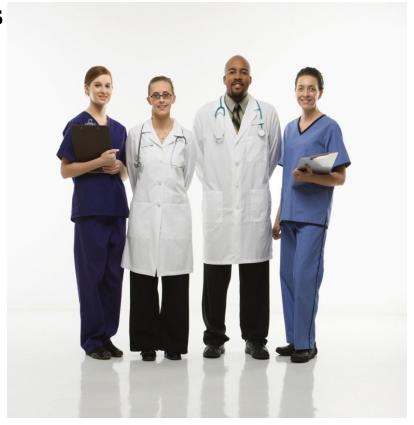
The IV requires committed, dedicated leaders---both







- Patient Care applied equally regardless of type of beneficiary
- Number and type of Referrals
- Clinical Staffing Models
- On Call Structure
- Ancillary Support
- Staffing Qualifications
- Rotation of medical staff





Facilities

- Joint or Shared Facilities
- Access to Military Base
- Accessibility to Other Facilities
- Patient Travel Distance
- Maintenance
- Security
- Signage





Logistics

- Shared or Joint Warehouse
- Inventory Management
- Borrowing Supplies or Equipme
- Joint Contracting





Staffing

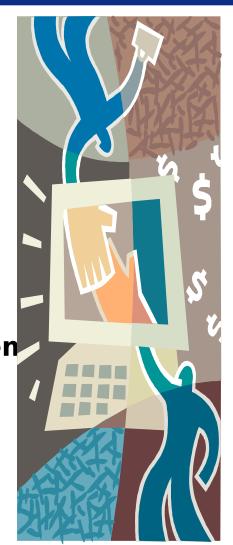
- Integrated Staffing Models
- Mutual Support for peaks and valleys and deployments
- Coordinated Staffing Plan
- Hiring Practices
- Joint Job Fairs
- Reciprocal Hiring Practice
- Credentialing Process





Business Processes

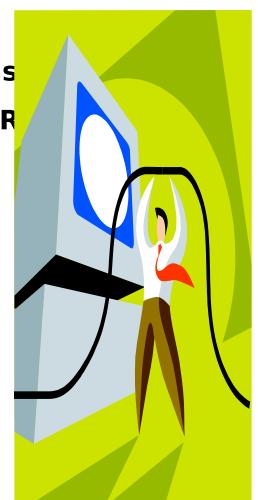
- Referral Management System
- Billing and Reimbursement
- Bartering
- Use of Joint Incentive Fund
- Marketing
- Workload Accounting
- Cost to the Facility vs. Cost to the Systen
- National Reimbursement Policies
- Cost Analyses Differences
- Dual Beneficiaries







- Single System...Not Likely
- Work-Arounds...2 Icons on Work Stations
- Available Applications (BHIE, LDSI, CHDR
- Access to each others systems
- Inpatient Records
- Digital Images





Education and Training

- Graduate Medical Education
- Other Clinical Professional Tra
- Required Annual Training
- Orientation
- Contingency Planning Exercise
- JCAHO Preparation
- Access to Web Portals
- VA Learning University
- Proficiency Training
- Rotation of Medical Staff





Research

- Joint Programs, where applicable
- Protocol Approval Process
- Consent Forms
- Institutional Review Boards





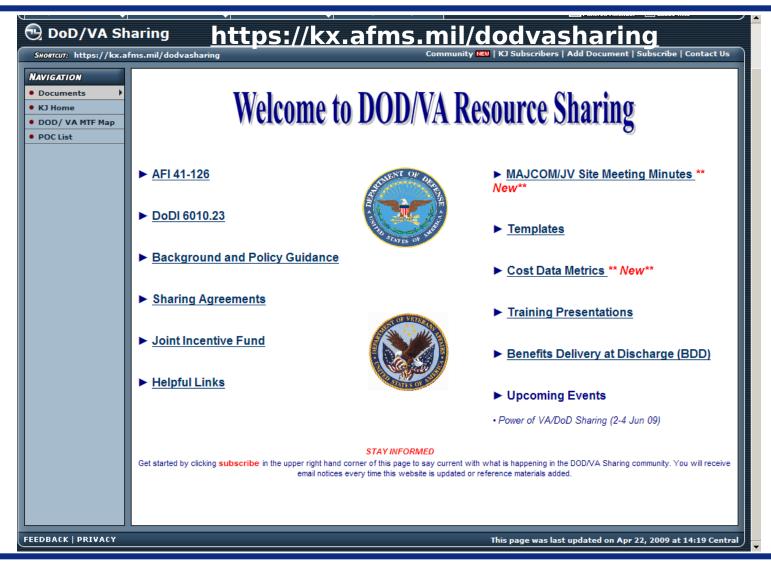
Final Words

- Not all joint ventures look alike
- Not all MTFs and VA facilities are candidates to become JVs
- Not all joint venture leaders communicate well with their partner
- However...
 - The best joint ventures communicate on a near daily basis
 - The best joint ventures have documentation in place
 - The best joint ventures have a spirit of "can do"
- Therefore... If you are a JV or are thinking of becoming one...Follow the path of the best!



Resource Sharing Website

U.S. AIR FORCE





https://kx.afms.mil/dodvasharing



Backup Slides



MOFH Governance

- Single Chief Executive Officer
 - AF is Host facility
 - MOFH has integrated inpatient and ER services
 - VA has network of Community Based Outpatient Clinics where most VA outpatient care is provided
- Joint Venture Executive Committee
 - Receives reports from key source committees; drives sharing direction/action
 - Executive and Medical Councils alternately chaired by AF and VA
- Joint Credentialing
- Joint Medical Staff Bylaws

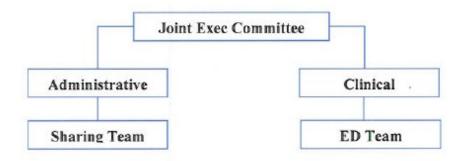


Elmendorf/Alaska VA Governance

- 3MDG--an integrated DOD/VA, jointly staffed hospital
- AF manages the hospital
- 3 MDG Executive Committee oversees JV issues
 - VA executive staff are members of the 3MDG Executive Committee and 3MDG leadership is invited to attend the VA Director's Staff meeting
 - Both meet monthly
- JV Business Operations Committee works day-to-day issues
 - Meets monthly, alternating sites
 - Discuss current issues/concerns/initiatives
 - Refers to 3 MDG Executive Committee
 - Includes both AF and VA representatives
- Each agency's Joint Venture Coordinator works with the other to keep all sharing activity organized.
- VA has representatives on many of the 3MDG committees/functions and play a large part in the daily operations of the hospital.



Kirtland/Albuquerque Governance



Joint Venture is formed by two co-located autonomous facilities; no integration is present at this site The Joint Executive Committee is the executive governing body of the JV

Members include the Director and Commander, Assoc Director and Dep Commander, Chief of Staff and Med Ops Squadron Cmdr, CFOs, Information Systems Mgrs, and JV Directors

Serves as strategic planning function for the JV Subordinate committees work the planning and execution of day-to-day activities



DGMC/NCVAHCS Governance

- This Joint Venture is comprised both distributed and collocated services
 - N. California VA Health Care System acquired Mather/McClellan facilities when BRAC'd
 - Also have collocated services at DGMC
 - AF has outpatient services in VA space at McClellan
- VA and USAF both serve as hosts of their respective sites at Travis AFB and at McClellan/ Mather.
 - Governance resides with the host service
- Executive Management Team provides a bridge at the executive level for working JV issues
- The Joint Initiatives Work Group serves middle management; works day-to-day issues



Keesler/Biloxi Model

- Keesler/Biloxi Model
 - CoE structure is different than other existing JVs
 - DGMC/NCVAHCS most similar with both integrated services and distributed buildings (not collocated)
 - Governance structure must tie in all elements of the JV; usually done with joint committees
 - Governance model should be included in the Operations Plan
 - Need to ensure selected governance model complies with laws governing personnel management; work closely with Unions